ATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/78798

	The Control of the Co	CLAIMS AS			ı	4	-	SMALL E	NTITY		OTHER	THAN
7		ALL MELTING	(Column	1) .	(Colu	mn 2)		TYPE		OR	SMÄLL	
-	TAL CLAIMS		* * ·	• • •				RATE	FFE »		RATE	FEE.
16	Ĥ.	Miles To the State of the State	NUMBER	FILED	NUMB	ER EXTRA	V, c	BASIC FEE	365.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			5 mir	us 20=	•			X\$ 9=	3	OR	X\$18=	1
INDEPENDENT CLAIMS			F 7 - 4 1	nus 3 =	ADI E			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIMBRESENTAVAILABLE								+135≃		OR	+270=	1. 14. 15. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	430	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Car	I San Carlos and Carlo	(Colúmn 1)		(Colu		(Column 3))	SMALL	ENTITY	OR	SMALL	
IENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1. Mr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	RATE	ADDI- TIONAL FEE
NON	Total (1)		Minus		· ·			X\$ 9=	1. 42.	OR	X\$18=	250
AMENDM	Independent	NTATION OF MU	Minus	PENDENT	T CL AIM	-	4	X40=		OR	X80=	
)	LINDEIN	CLANVI	<u> </u>	J	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	7.3
Ĭ	March Maria de Maria dos Americas de Caración de Carac	(Column 1)		(Colu		(Column 3)					en en marien. En en	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE	4.4	RATE	ADDI- TIONAL FEE
NDN	Total		Minus	***		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***		=]	X40=	· · · · ·	OR	X80=	
	FINOI PRESE	NTATION OF MC	DETIPLE DEP	ENDENI	CLAIM		J ∣);;		-
3.1			. *				Ŀ	+135=		OR	+270=	45 3
. 44							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	CHECKE STATE NO.	(Colur		(Column 3)					-	
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
₹	Independent	*	Minus	***		=]	X40=				
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM]	A40=		OR	X80=	·
• 1	f the entry in colu	mn 1 is lose than th	e entry in colu	mn 0	. "O" i=!			+135=	· 	OR	+270=	
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
												l l

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